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STATE OF SOUTH CAROLIN	Í A	BEFORE THE
(Cantion of Case)	,	PUBLIC SERVICE COMMISSION
(Caption of Case) Example: Application for a Class C Char	rter Certificate from	OF SOUTH CAROLINA
John Doe dba Doe's Limo	Postol: tool	TRANSPORTATION COVER SHEET
	Date: 2/16/11 Time: 2'50	DOCKET NUMBER: 2011 - 11 - 1 If this is your first time filing an application with the PSC, you will not
	A HTTE's principle and beautiful to the consequence of the consequence	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: Dicker		
	UERS AUR	Fax: $(843)7/8-0/39$
Worth CP	· Deartz DrA	Other:
29405		Email: dickerson northary Dgmail.
		ces nor supplements the filing and service of pleadings or other papers commission of South Carolina for the purpose of docketing and must
be fined out completely.	NATURE OF ACTION	N (Check all that apply) 843-696-4512
Application - Class A/A Restrict	æd	Request for Name Change on Certificate
Application - Class C Taxi		Request to Amend Scope of Authority
Application - Class C Charter	RECEIVE	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bu	rs FEB 1 5 201	Request to Amend Passenger Limit
Application - Class C Non-Emer	gency	Request
Application - Class C Stretcher	PSC SC Van CLERK'S OFFICE	
Application - Class E Household	Goods	Late-Filed Exhibit
Application - Class E Hazardous	Waste	Letter
Application		Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit
Request for Extension to Comply	y with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate		Reservation Letter
of Public Convenience and Neces	ssity to be Rescinded	Response
Request for Cancellation of Certi	ficate	Return to Petition
Request for Suspension		Other:
Request for Reinstatement		

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100,

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

CLASS C - CHARTER

Fax: (803) 896-5199

Date: //31///

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision

FEB 1 5 2011

PSC SC CLERK'S OFFICE

of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) DickERS on MORTALAT LLC 470 Rivers Address of Applicant Street Address of Applicant
Samo as About Mailing Address of Applicant if different from street address
Phone Walling Address of Applicant II different II diffe
Email Address 2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)
3. Select Entity Type: (Check one) Individual Owner/Sole Proprietorship
Partnership - List names and address of all person having an interest in the business. Corporation - List names and addresses of two principal officers.
1 of 9

Balance Sheet (February 13, 2011) Dickerson Mortuary, LLC

Assets

Current Assets		
Cash in Bank	\$	2,326
Inventory		5,000
Prepaid Expenses		
Accounts Receivables		6,000
Total Current Assets	\$	13,326
Fixed Assets		
Machinery & Equipment	\$	3,500
Furniture & Fixtures	Ψ	5,000
Leasehold Improvements		3,000
Real Estate / Buildings		0,000
Automobiles		59,150
Total Fixed Assets	\$	70,650
Other Assets		
Specify	\$	_
Specify	Ψ	
Total Other Assets	\$	
Total Assets	\$	93 076
	<u>. </u>	83,976
Liabilities & Net Worth		
Current Liabilities		
Accounts Payable	\$	3,548
Faxes Payable		-
Notes Payable (due within 12 months)		
Ourrent Portion Long-term Debt		420
Other current liabilities (specify) Fotal Current Liabilities		
Otal Current Liabilities	. \$	3,968
<u>ong-term Liabilities</u> Bank Loans Payable (greater than 12		
nonths)	\$	12,318
.ess; Short-term Portion	•	(420)
lotes Payable to Stockholders		(
Other long-term debt (specify)		
otal Long-term Liabilities	\$	11,898
'otal Liabilities	\$	15,866
	- '	
)wners' Equity (Net Worth)	\$	68,109
otal Liabilities & Net Worth	\$	83,976

PROPOSED RATES AND CHARGES FOR SERVICE

<u> Maximum Propo</u>	sed Rates and Cha	rges for Service are as	follows:	
\$175	PER	hoyR		
Counties to be S	Served:			
Cha	RIEST	0η		
BER	Keley			
C011	Keley Ectual hester			
DU/C	he ster			
			-	

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MO	DEL	VIN	#	WEIGHT EMPTY	SEATING CAPACITY
De uz ()E	JOD 3 (1	AdilAc			1500	8
pe(11	leok '	11.11	1688490	1434220550 14814 230123	1520	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
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		· · · · · · · · · · · · · · · · · · ·			/ 200	
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INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is fo	270
Dickerson Mort	Name of Motor Carrier
4700 Rivers Ave.	N. Charleston, SC 29405 Address of Motor Carrier
Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$ 387	. 97 Limits I million
The above quoted premium is for	a term of months.
Minimum Limits - Intrastate Or	
1-7 Passenger	
8-15 Passenger	\$ 25,000/100,000/25,000
Stat	e Farn Mutual Auto Insurance Name of Insurance Company
	Name of Insurance Company
11350 Johns	Greek Parkway Dulutu, GA 30096 Home Office Address of Company
meets the minimum insurance lim	n's Rules and Regulations relating to insurance requirements and the above quote its prescribed. The insurance company making this quote is authorized by the urance to do business in South Carolina.
	Lesa Hagwerth, LAS Authorized Insurance Company Representative's Signature
	* * * *

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

	Name of Applicant
○ Yes	outstanding judgments against the Applicant? No of judgement(s) against applicant.
2. Is Applicant familiar varrier operations in Satutes and regulation Yes	with all statutes and regulations, including safety regulations and governing for-hire motor south Carolina, and does Applicant agree to operate in compliance with these or No
3. Is Applicant aware of therewith? Yes	the Commission's insurance requirements and the insurance premium costs associated No

Exhibit on Driver Qualifications

1.	Applicant understands that a	drivers must be a minimum of 18 years of age.
	Q'Yes	O No
2.	Applicant understands that and such record from the D be maintained in the Applic	certified copy of the driver's three (3) year driving record issued by the SC DMV IV of the state in which the driver is or has been domiciled for such period must nt's business office.
	Yes	○ No
3.	must be maintained in the	
	Yes	○ No
4.	Applicant understands that their possession when oper state of residence of the dri	Il drivers operating a vehicle under a Class C Charter Certificate must have in ting a charter vehicle, a valid driver's license issued by the SC DMV or the current er.
	Yes	O No
5	histor to deixore who are	all Class C Charter Certificate holders are prohibited from employing or leasing registered, or required to be registered, as sex offenders with the South Carolina ision or any national registry of sex offenders. No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

COUNTY OF Cha((SSt)) Applicant's Signature
Applicant's Signature
I, DAKRI D'CKERSON, OWNER Name of Applicant's Representative Title
of DICKERSON MONGARY LCC
the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Signature of Applicant's Representative

SWORN TO BEFORE ME

This 2 day of the property of the property

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

DICKERSON MORTUARY, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on May 30th, 2008, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 10th day of February, 2011.

Mark Hammond, Secretary of State